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Country note**

Syrian Arab Republic

Summary

The Executive Director presents the country note for the Syrian Arab Republic for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Over the past decade, the Syrian Arab Republic has achieved considerable progress in social development. The population of 15.7 million has a gross national product per capita of $970. Infant and under-five mortality rates, estimated at 34 and 42 per 1,000 live births, respectively, in 1990, declined to 25 and 30 per 1,000 in 1999. With high immunization coverage rates, the country is certified as polio-free: no polio cases have been reported since 1995. According to the multiple indicator cluster survey (MICS 2000), primary education is compulsory, and primary school net enrolment rates are high: 98 and 99 per cent, respectively, for girls and boys.

2. Progress has been uneven, however, and geographic disparities persist. Under-five mortality is one third higher in rural areas than in urban areas. The rural north and north-east (five governorates that account for almost half the country's total population) lag in a number of social indicators. Surveys show that up to 19 per cent of children are underweight and 26 per cent are stunted in these areas, in contrast to 13 and 21 per cent nationwide. The region has less than one quarter of government

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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health centres. Access to health services is about half that of other governorates, and in rural areas it is two thirds that of urban areas. Maternal mortality rates are higher than in some other countries of the region.

3. The major causes of infant and child mortality are premature birth, obstetric conditions, congenital malformations (often linked to consanguineous marriages or to administration of drugs during pregnancy), septicaemia, diarrhoeal disease and acute respiratory infections. Such findings highlight the need for improved maternal and child health services and for better home care. Data are scarce on adolescent health issues, including HIV/AIDS.

4. A 1995 study by the Ministry of Health and the World Health Organization (WHO) on the country's health centres found that the quality and range of services were limited, more so for maternal health. Government data show that only 67 per cent of births are attended by trained health personnel. Challenges also remain in improving home-care practices and the early childhood environment. Only 17 per cent of mothers in the north treat their children's diarrhoea correctly with oral rehydration therapy. Despite the implementation of a national salt iodization programme since 1993 to combat high goitre rates in children, a 1997 survey found only 40 per cent of households consumed iodized salt.

5. Primary school drop-out rates are higher among girls in the north and north-east. In 1997, for example, drop-out rates were 53 per cent for girls and 17 per cent for boys in Al Qusra district, in the north-eastern governorate of Deir Ezzour. Other challenges facing the education system are the quality and relevance of primary schooling. Classroom teaching is geared towards learning by rote, and the curriculum is not oriented towards the knowledge and skills needed in daily life. Many primary schools lack textbooks and other learning materials.

6. A 1998 national survey found that 0.3 per cent of children under 12, 7 per cent of children between the ages of 12 and 14, and 19 per cent of children between the ages of 15 and 17 were employed as workers. Children may spend a year or more in detention, often in contact with adult criminals, before being brought to trial. Linkages between judicial, law enforcement and social structures are weak. Recognizing this, the Government has initiated a reform of the juvenile justice system and has committed itself to reviewing national legislation vis-à-vis the Convention on the Rights of the Child and to improving the monitoring of the implementation of the Convention.

Lessons learned from past cooperation

7. Although the country has been certified as polio-free, not enough attention has been paid to verticality and poor quality within the health services, nor to preventive and home-care aspects of child health. The adoption in 1999 by the Ministry of Health of the WHO-UNICEF-supported approach for Integrated Management of Childhood Illness (IMCI) was a step in the right direction. Some 200 awareness seminars were held for youth and health workers on HIV/AIDS.

8. In education, UNICEF advocacy led to official recognition of the problem of girl drop-outs as a priority concern. Support to the Ministry of Education in improving the quality of basic education through the Global Education Initiative (GEI) prompted the adoption of this initiative for implementation in all of the

country's 12,000 primary schools over the coming 10 years. Not all experiences, however, were positive: the project for vocational training of girls and women did not address the more basic problem of drop-outs and covered only a limited number of girls.

9. The High-Risk Areas (HRA) programme played a key role in improving health and social conditions in targeted rural and peri-urban communities and in influencing national development policies through its pilot activities. For example, from 1996 to 1998, immunization coverage and school enrolment rates improved in some 40 villages. The programme's school health activities prompted development of a plan for implementing such activities in all primary schools nationwide. An initiative for encouraging girl drop-outs to resume their schooling prompted the Ministry of Education to pilot a "second chance" learning project in the northern governorates. Young women and adolescent girls have been mobilized to play the main role in establishing village health information systems, thus encouraging the Ministry to initiate such systems in selected districts to improve utilization of health services.

10. UNICEF-supported studies on juvenile justice, child disability, early marriage and child labour played a key role in generating policy discussion and initiating concrete action by the Government, such as the review of Syrian legislation, a national conference on juvenile justice, and training for all stakeholders to improve the administration of juvenile justice.

11. Advocacy could have been more effective, however, had the impact of UNICEF interventions been measured more systematically. Monitoring and evaluation of the programme need to be strengthened. Other weaknesses include overly ambitious planning, too many dispersed activities, and verticality of interventions. With its limited resources, the programme of cooperation will need to focus on fewer interventions.

Proposed country programme strategy

12. In January 2000, the UNICEF Executive Board approved the country note for the 2001-2005 programme of cooperation for the Syrian Arab Republic. Subsequently, a major cabinet reshuffle prompted the Government to request that the United Nations Development Programme, United Nations Fund for Population Activities and UNICEF extend their programme cycles by one year. This would allow the preparation of a new cooperation framework between the Government and United Nations agencies that would incorporate the country's new economic and social reforms and enable the three agencies to maintain a harmonized cycle. The Government's new five-year national plan, which emphasizes social and economic development, is still under review. Workshops have been held between various ministries and United Nations agencies, but due to political changes, the development of a new cooperation framework has progressed more slowly than expected. The first Common Country Assessment (CCA) was completed in 1999, but the United Nations Development Assistance Framework (UNDAF) is not yet completed. The United Nations country team is expected to update the CCA and finalize the UNDAF by the end of 2000, using a participatory process involving government and all other partners to ensure that national development priorities are

reflected. The CCA will incorporate findings from the UNICEF-supported MICS 2000.

13. The programme of cooperation will be essentially the same as that proposed in the 2000 country note. The normative framework provided by the Convention on the Rights of the Child will guide all dimensions of the programme. Nationwide, the Syrian Arab Republic has achieved many of the goals of the World Summit for Children, and most UNICEF-supported interventions will thus focus on unreached groups, notably in the north and north-east of the country. The programme will also make selective inputs at national level, in areas where policy changes and government action can lead to critical improvements in the situation of children and contribute to fulfilling their rights. To this end, UNICEF will continue its support to pilot experiences and action-oriented studies which, linked to advocacy, have proven successful in promoting child rights and policy and legislative changes. Because of limited programme resources, however, the identification and choice of these interventions will be critical. A more integrated programming approach will be adopted, in recognition of the connection between children's rights and women's rights. Through intersectoral working committees and policy seminars, a broad range of partnerships will be mobilized, including with Syrian civil society, other United Nations agencies and non-governmental organizations.

14. The programme of cooperation will support national and local authorities, communities and families in fulfilling their responsibilities to children and women, as defined by the Convention on the Rights of the Child. Within the context of the UNDAF, the programme will contribute to broader national efforts to: (a) reduce geographic disparities in social indicators; (b) introduce reforms designed to improve the quality and responsiveness of health and education services; and (c) create and sustain public and political concern for children's and women's rights. The programme will comprise three intersectoral programmes.

15. The *disparity reduction programme* will focus on disadvantaged communities in the five north and north-east governorates, building on the successes of the HRA programme during the 1996-2000 programme of cooperation. Such focus will help address disparities, provide pilot experience to promote policy change and promote community empowerment. Through a combination of local capacity-building, community mobilization and targeted service delivery, the programme aims to improve access to and quality of basic social services in these governorates, especially for women, and improve child-rearing knowledge and skills of parents and other caregivers in these communities. The "back-to-school" component of this programme will support the Ministry of Education in its efforts to address the problem of girl drop-outs in the same communities.

16. The second programme, *support to national policies and development*, will, through capacity-building and advocacy based on the results and experiences of the disparity reduction programme, contribute to government efforts to sustain national immunization and polio eradication achievements and reach the remaining World Summit goals. Support will thus continue to be given to national policies and strategies in the areas of IMCI, women's and adolescent health, HIV/AIDS, nutrition, the use of iodized salt and health communication. Through technical support, UNICEF will assist the Ministry of Education to address the problem of high drop-out rates through improving the quality and relevance of basic education, including promotion of child-centred interactive learning.

17. The *promotion of children's and women's rights programme* will ensure that these rights remain at the forefront of the national agenda. Through policy-oriented research, capacity-building and advocacy, it will continue to support the development and implementation of legislation, policies and programmes for children in need of special protection. UNICEF will also continue to advocate for ratification of the Convention on the Elimination of All Forms of Discrimination against Women and to improve the availability and quality of disaggregated data.

18. Learning from the previous programme, an integrated monitoring and evaluation plan will be developed and implemented for the new country programme, with particular attention to the setting of baselines.

19. The cross-sectoral budget will cover staff costs and other operational costs directly related to programme implementation, monitoring and management. Staff will include one international staff and five local assistants.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Disparity reduction	1 614	700	2 314
Support to national policies and development	1 135	450	1 585
Promotion of children's and women's rights	895	300	1 195
Cross-sectoral costs	1 150	0	1 150
Total	**4 794**	**1 450**	**6 244**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.